

Request for Leave

TO: _____
(Appropriate Supervisor)

Request that I be granted leave from SAD as follows (check appropriate box):

☐ ORDINARY LEAVE

☐ LEAVE W/O PAY (Indicate Reason Below)

☐ MILITARY LEAVE

☐ HOLIDAY CREDIT (Indicate Holiday Below)

REASON (If required):

PERIOD: _____ 200__ THRU: _____ 200__ INCLUSIVE

SIGNATURE

TYPED NAME AND GRADE OF
INDIVIDUAL REQUESTING LEAVE

APPROVED:

SIGNATURE OF INDIVIDUAL
APPROVING REQUEST FOR LEAVE

DATE